DOCUMENT RESUME

ED 434 288 CG 029 473

AUTHOR	Lichtenberg, James W.; Hummel, Thomas J.
TITLE	Understanding and Feeling Understood as a Function of Time in Therapy.
SPONS AGENCY	Kansas Univ., Lawrence. General Research Fund.
PUB DATE	1999-08-00
NOTE	21p.; Paper presented at the Annual Convention of the American Psychological Association (107th, Boston, MA, August 20-24, 1999).
CONTRACT	3447-XXX-0038
PUB TYPE	Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Counseling Effectiveness; Counselor Characteristics; *Counselor Client Relationship; Counselor Performance; Outcomes of Treatment; *Perception; *Therapists; *Therapy

ABSTRACT

This study used Laing et al.'s (1966) Interpersonal Perception Method to examine the relationship between the length of the therapy relationship (number of sessions), therapists' understanding of their clients' views, and clients' perceptions of being understood by their therapists with respect to the working alliance (goals, tasks, bond), session quality (depth, smoothness), and therapist social influence attributes (attractiveness, expertness, trustworthiness). The difference between therapists' level of understanding and clients' feeling of being understood (the size of this difference and its sign indicating the "realism" of the participants' interpersonal perspectives) are examined. Results do not support a relationship between time in therapy and an increase in clients' sense of feeling understood by their therapists or therapists' actual understanding of their clients on the dimensions studied. Results do indicate that clients consistently overestimate their therapists' level of understanding; that is, they feel more understood than they actually are. (Contains 1 figure, 4 tables, and 30 references.) (Author/MKA)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 434 288

Running Heading: **Understanding and Feeling Understood**

Understanding and Feeling Understood as a Function of Time in Therapy

James W. Lichtenberg
University of Kansas

Thomas J. Hummel
University of Minnesota

Presented at the annual meeting of the American Psychological Association, August, 1999, Boston, MA. This study was support in part by a grant from the University of Kansas General Research Fund (#3447-XX-0038).

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

J. LICHTENBERG

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

BEST COPY AVAILABLE

CG029473

Abstract

Laing et al.'s (1966) Interpersonal Perception Method was used to examine the relationship between the length of the therapy relationship (number of sessions) and (a) therapists' understanding of their clients views and (b) clients' perceptions of being understood by their therapists with respect to the working alliance (goals, tasks, bond) session quality (depth, smoothness), and therapist social influence attributes (attractiveness, expertness, trustworthiness). We also examined the difference between therapists' level of understanding and the clients' feeling of being understood—the size of this difference and its sign indicating the "realism" of the participants' interpersonal perspectives. Results did not support a relationship between time in therapy and an increase clients' sense of feeling understood by their therapists or therapists' actual understanding of their clients on the dimensions studied. Results did indicate that clients consistently over-estimated their therapists' level of understanding; that is, they felt more understood than they actually were.

Understanding and Feeling Understood as a Function of Time in Therapy

In an effort to understand how therapists' and clients' time together in therapy might relate to therapists' level of understanding of their clients' reactions to counseling and to clients' feelings of being understood by their therapist, we examined the relationship between the length of the counseling relationship (number of sessions) and (a) therapists' understanding of their clients views of their working alliance, session quality, and therapist influence characteristics and (b) clients' perceptions of being understood regarding their views of their working alliance, session quality and therapist influence characteristics by their therapists.

Rogers' (1957) conceptualization of the "necessary and sufficient" conditions for effective counseling and psychotherapy have formed the foundation for the preponderance of research on the therapeutic relationship for over three decades (Beutler, Machado, & Neufeldt, 1994). Although empirical evidence does not support Rogers' contention that the relationship qualities of nonpossessive warmth, therapist genuineness, and empathic understanding are sufficient to bring about therapeutic change (Mitchell, Bozarth, & Krauft, 1977), most investigators and practitioners agree that these facilitative conditions play a central role in such change (Frank, & Frank, 1991; Gelso & Carter, 1985; Gelso & Hayes, 1998;Sexton & Whiston, 1994). These variables (and similar constructs) are often considered when "common" or "shared" or "non-specific" therapeutic factors are discussed in the context of apparently equivalent outcomes of different approaches to counseling and psychotherapy (see Frank, 1982; Shapiro & Shapiro, 1982; Smith, Glass, & Miller, 1980; Stiles, Shapiro & Elliott, 1986).

Each of Rogers' (1957) facilitative conditions has important therapeutic qualities in its own right; however, therapists' ability to achieve and communicate accurate empathic understanding with their clients is considered fundamental to a positive therapeutic process and outcome. While therapists may accurately (and empathically) understand their clients, the successful communication of such empathic understanding is critical--that is, the client must feel understood by the therapist. In therapy, as in most relationships, understanding and the sense of feeling understood by another generally develops over time.

Empathic understanding generally has been examined on the basis of either client or therapist perceptions of the relationship, or on the basis of objective ratings by an outside observer. However, since counseling is an interpersonal enterprise and empathy is inherently an interpersonal construct, it seems reasonable that individuals' experiences in counseling would be

a function not only of each participants' individual views of the relationship, but also of their view of what the other thinks about their relationship, and of their view of what the other thinks they think about the relationship. Indeed, determination of the successful communication of empathic understanding relies on assessing what clients think their therapists think that they (the clients) think.

Laing, Phillipson, and Lee (1966), although focusing on marital relationships, developed a method for examining such a hierarchy of interpersonal perspectives and the relationship of these "levels of interpersonal perception" to important outcomes (e.g., marital satisfaction and divorce). Their Interpersonal Perception Method (IPM) produces comparisons between two persons' perspectives which translate into the interpersonal variables of (a) agreement, (b) understanding, (c) realization of understanding, and (d) feeling understood. The IPM operates off three levels of perception elicited from each member of a dyad: (a) the direct perspective--what an individual thinks about an issue; (b) the metaperspective--what an individual thinks the other member of the dyad thinks about the issue; and (c) the meta-metaperspective--what an individual thinks the other member of the dyad thinks the first individual thinks about the issue. These perspectives are compared to yield specific kinds of perceptions regarding the issue. A comparison of direct perspectives yields an index of whether members of a dyad are in agreement or disagreement on the issue being rated. When one person's metaperspective is compared to another's direct perspective, the outcome is an index of whether the first person understands or misunderstands the other. When one person's meta-metaperspective is compared with the other's metaperspective on an issue, the outcome is an index of the second person's realization that s/he understands the other. And when one person's meta-metaperspective is compared with his/her own direct perspective on an issue, the outcome is an index of that person's sense of feeling understood. Figure 1 depicts the three levels of perspective and the comparisons between perspectives that yield the interpersonal perception variables of agreement/disagreement, understanding/misunderstanding, realization/failure to realize understanding, and feeling understood/misunderstood.

Insert Figure 1 about here

The IPM, as a method, can be used to assess agreement, understanding, realization of understanding, and feelings of being understood on virtually any issue relevant to one's research or clinical needs. For example, Nye (1980) analyzed similarities and difference in the views of school counselors, teachers and principals regarding the role of the school counselor, and related the derived indices of agreement/disagreement and understanding/misunderstanding to counselors' job satisfaction and job tenure. Hendrikse (1992) examined differences in the perceptions of mothers and their teenage daughter with regard to various "family rules" regarding the teenage daughter and the relationship between the interpersonal indices of mother-daughter agreement and understanding to their evaluations of the quality of their mother-daughter relationship. Kobes (1993) analyzed the effect of husband and wife "matching" on the Sensing-Intuition scale of the Myers-Briggs Type Indicator and measures of (a) interpersonal agreement and understanding and (b) marital satisfaction. Holsinger (1991) studied the relationship between work supervisor and employee agreement and understanding regarding the role of the supervisor on employee job satisfaction and job related stress.

For this study we focused on therapists' understanding and clients' feeling of being understood with respect to specific aspects of the therapy relationship. Specifically, we examined the relationship of the length of the therapy relationship (number of sessions) to therapists' understanding of their clients and clients' perceptions of being understood by their therapists with respect to (a) the working alliance (goals, tasks, bond), (b) session quality (depth, smoothness), and (c) therapist social influence attributes (attractiveness, expertness, trustworthiness). We also examined the difference between therapists' level of understanding

and clients' feeling of being understood—the size of this difference and its sign indicating of the "realism" of the participants' interpersonal perspectives.

The IPM served as a format for structuring therapist and client evaluations of the qualities of their therapeutic relationship. We hypothesized that the longer the therapist and client had been in sessions together, (a) the greater the therapist's level of understanding of the client's views of their relationship and (b) the greater the clients' sense of feeling understood with regard to their perceptions of the therapy relationship.

With respect to the relationship between the length of therapy and the difference between therapists level of understanding and the client's feeling of being understood, we hypothesized that the "realism" of therapist and client perspectives would increase as a function of their sessions together.

Method

Participants

Participants were 17 therapists (6 male, 11 female) and 35 clients (9 male, 25 female, 1 unreported), comprising 35 mixed and same-sex therapist/client dyads from four midwestern university counseling centers who volunteered for the study. Therapists were either advanced doctoral students in counseling or clinical psychology or licensed mental health professionals. Clients were actual clients of those therapists. The number of therapy sessions completed by each dyad ranged from 1 to 75 (M=13.34; SD=20.97).

Of the therapists, 88% were White, 6% were Black, and 6% were Hispanic. Their self-reported theoretical orientations were cognitive-behavioral (35%), psychodynamic (29%), interpersonal (12%), humanistic (12%); other orientations made up the remaining 12%. Their ages ranged from 24 to 57 years (M=38.35; SD=10.26); and their reported years of clinical experience ranged from 1 to 23 years (M=6.23; SD=5.14).

Of the clients, 94% were White, 3% were Hispanic, and 3% were "other--not specified." They ranged in age from 18 to 46 (M=25.32; SD=6.99). Most were in postgraduate degree programs (law, medicine, graduate school) (37.1%); 22.9% were seniors; 25.7% were juniors; and 14.3% were freshmen/sophomore students. Their self-reported presenting concerns included: anxiety/stress (11.8%), depression (20.6%), social relationships (17.6%), marital relationships (8.8%), family relationships (8.8%), and educational/career concerns (2.9%).

Measures

Data were derived from a demographic form and from three therapy relationship measures: (a) the Working Alliance Inventory (WAI; Horvath & Greenberg, 1986), (b) the Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984a) and (c) the Counselor Rating Form-Short (CRF-S; Corrigan & Schmidt, 1983)—each an adapted version of an existing and frequently used counseling relationship measure.

Demographic Form. Separate general information sheets were prepared for the therapists and clients. The therapists' form requested information on each therapist's age, sex, race/ethnicity, education level, years of professional/clinical experience, theoretical orientation, the primary concern for which the client had sought counseling, and the number of sessions s/he had completed with the client. The clients' form requested information on the client's age, sex, race/ethnicity, education level, primary concern for which counseling was sought, and number of sessions s/he had competed with the therapist.

Working Alliance Inventory (WAI; Horvath & Greenberg, 1986). The WAI was developed by Horvath and Greenberg (1986) as a measure of three specific process variables that Bordin

(1979) proposed as central to an effective working relationship between a therapist and a client: (a) agreement and mutual valuing of the aims and purpose of the therapeutic intervention (goals), (b) agreement and mutual acceptance of the relevant tasks to be carried out during therapy (tasks), and (c) a positive personal attachment between the therapist and client--one based on mutual acceptance, trust and confidence (bond). Various studies have suggested the working alliance (as measured by the WAI) to be predictive of therapy outcome (e.g., Horvath & Greenberg, 1989, 1994; Tichenor & Hill, 1989), although Kokotovic and Tracey (1990) did not find the WAI to be predictive of premature termination from counseling.

Each of the three subscales of the WAI consists of 12 items rated on a 7-point Likert scale. Horvath and Greenberg (1986) report good internal consistency estimates for the individual subscales of the client and therapist versions of the WAI. The three scales may be analyzed individually or collapsed into a total WAI score--with higher scores being indicative of a stronger working alliance.

Due to the length of the WAI, it was decided to use a reduced set of items for the present study. Referring to Tracey and Kokotovic's (1989) factor analysis of the WAI, we selected for use those four items from each of the original WAI subscales that had the highest factor loadings on those respective subscales. Because the WAI items are written in such a way as to tap inconsistently and unsystematically different levels of interpersonal perception--some tapping the respondent's direct perspective while others tapping the respondent's meta- and meta-metaperspectives--we rephrased the 12 selected items such that each tapped the respondent's direct perspective.

Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984a). The SEQ was developed as a measure of the impact of psychotherapy sessions. The full instrument consists of 24 items comprising four scales: two scales that reflect session evaluation (depth, which reflects the session's felt power and value; smoothness, which reflects the session's comfort and pleasantness) and two scales that assess postsession mood (positivity, arousal). Factor analyses have shown the scales to be distinct orthogonal qualitative aspects of the therapy relationship (Stiles & Snow, 1984b).

For the present study, only the session evaluation scales (depth, smoothness) were used. Together the scales consist of 12 items, with two of those items being filler items that are not scored. Each scale's five scorable bipolar adjectives are arranged in a 7-point semantic differential format. As written, the scales tap a respondent's direct perspective on session depth and smoothness. Scores from the depth and smoothness subscales can be combined to provide an overall measure of the respondent's evaluation of therapy session quality. Consistent with previous use of the instrument (Nocita & Stiles, 1986), each scale was scored from 1 to 7, with higher scores indicating greater depth or greater smoothness. Stiles and Snow (1984a) report alpha coefficients of .91 and .87, respectively, for therapists and clients on the depth scale, and alpha coefficients of .89 and .93, respectively, for therapist and clients on the smoothness scale.

Counselor Rating Form-Short (CRF-S; Corrigan & Schmidt, 1983). The CRF-S consists of three 4-item scales which measure the social influence attribute dimensions of attracativeness, expertness, and trustworthiness proposed by Strong (1968) in his original thesis about social influence processes in counseling (also see, Strong & Matross, 1973). Each item has two adjectives that anchor the ends of a 7-point Likert scale. One adjective is a positive indication of an attribute dimension and was selected on the basis of rational and empirical criteria. The other adjective is a negative indication of the attribute dimension and was chosen by Barak and LaCross (1975) in their development of the original CRF to represent the opposite of the positive adjective. The CRF-S assesses the respondent's direct perspective on the therapist's qualities of attractiveness, expertness and trustworthiness.

The CRF-S is a short form of the original 36-item CRF developed by Barak and LaCross (1975). Studies have shown the scales of the CRF and CRF-S to demonstrate good reliability (internal consistency) and a factor structure consistent with that expected by theory. Numerous research studies have demonstrated the construct validity of the instrument (see Heppner & Claiborn, 1989).

Instrument Adaptation to the Interpersonal Perception Method

Each of the three instruments (WAI, SEQ, CRF-S) was modified to conform to the IPM format so that instrument items tapped the respondents' direct, meta-, and meta-metaperspectives on the therapy relationship. As noted in the descriptions given above, each of the three instruments was designed to tap a respondent's direct perspective on the therapy relationship. Consequently, each instrument had questions added to it concerning the respondents' meta- and meta-metaperspectives on the relationship. This was accomplished using the same instrument items, but changing the instruments' stem or rating instructions. For the WAI the stems were "I think..." (direct perspective), "My client [or therapist] thinks..." (meta-perspective), and "My client [or therapist] thinks that I think..." (meta-metaperspective). For the SEQ the stems were "This session was..." (direct perspective), "My client [or therapist] thinks this session was..." (metaperspective), and "My client [or therapist] thinks that I think this session was..." (meta-metaperspective). For the CRF-S the stems were "I view my therapist [or myself] as..." (direct perspective), "My client [or therapist] views me [or himself/herself] as..." (metaperspective), and "My client [or therapist] thinks I view myself [or him/her] as..." meta-metaperspective.

There was a therapist and a client form of each instrument. On the client form, clients indicated (a) their views of the working alliance (goals, tasks, bonds), session quality (depth, smoothness), and the therapist influence characteristics (attractiveness, expertness, trustworthiness) (direct perspective), (b) their views of their therapist's views of these same factors (metaperspective), and (c) their views of their therapist's view of their (the clients') view of these factors (meta-metaperspective). On the therapist form, the therapists indicated (a) their views of the working alliance (bond, tasks, goals), session quality (depth, smoothness), and the therapist influence characteristics (attractiveness, expertness, trustworthiness), (b) their views of their client's views of these same factors, and (c) their views of their client's views of their views of these factors. Therapist and client ratings on the WAI, SEQ and CRF-S used a common 7-point Likert-type format.

For this study, only the IPM indices of therapist understanding (TU) and client feeling understood (CFU) were computed and used in testing our hypotheses. Scoring to derive these indices involved first computing the scale scores for each perspective for each the WAI, SEQ and CRF-S scales, and then subtracting these scale values from the value for the appropriate comparison scales following the logic detailed in Laing et al. (1966). Comparison of the metaperspective of the therapist with the direct perspective of the client on a particular scale produced a measure of therapist understanding of the client's perception of that scale construct; comparison of the client's meta-metaperspective with his or her own direct perspective on a particular scale produced a measure of the client's feeling of being understood by the therapist with respect to the assessed construct. For purposes of analysis, all comparisons were converted to absolute difference values, so that the larger the difference in two compared ratings, the less understanding or the less feeling of being understood.

A third variable, the difference between a therapist's understanding and the client's feeling of being understood (DIFF), was computed for each of the WAI, SEQ and CRF-S scales. Negative values for this index may be interpreted as suggesting that clients have a greater sense of therapist understanding than exits in actuality, while positive values for the index suggest that the therapist understands more about the client's views of their session together than the client realizes.

Procedure

Various counseling centers in the central midwest were contacted and asked if any of their professional staff would be willing to participate in a study of therapist and client perspectives on their counseling sessions. Centers that indicated staff willingness to participate in the study were mailed packets of the modified WAI, SEQ and CRF-S to be distributed to participating staff. Each participating therapist was provided with a packet that contained five smaller packets, each smaller packet consisting of (a) a therapist demographic form, and a copy of the therapist form of the three modified instruments, and (b) a client demographic form and one copy of the client form of each of the modified instruments. Each packet also included therapist and client consent forms and separate return envelopes for the completed therapist and client materials.

Therapists were asked to identify up to five of their current clients whose participation in the study would not be therapeutically contraindicated or for whom the solicitation to participate would not constitute unwarranted pressure, and then to request their participation in the study. Only clients who were 18 years or age or older were solicited to participate. Clients could be at any point in their counseling, and it was deemed desirable if therapists could identify clients who were at different stages of therapy. In order to assure a reasonable mix of clients, therapists were instructed to ask each of their clients over a two- or three-day period (up to a maximum of five clients) whether they would be willing to participate.

Participating therapists and clients were instructed to mail their questionnaires to the researchers in separate envelopes in order to assure that the therapists and clients not see each other's responses. Clients were permitted to take their questionnaires with them to complete at home; but they were encouraged to complete their questionnaires immediately following the session, seal it in the return envelope, and leave it with the counseling center to put in its mail. The demographic form and instruments within each therapist and client packet of materials were coded to assure that the appropriate therapist and client forms could be paired for analysis once they had been returned.

Results

For each of the three WAI scales, two SEQ scales, and three CRF-S scales, a therapist understanding variable (TU_{Scale}) and a client feeling understood variable (CFU_{Scale}) was created in accordance with the logic of the IPM. These were used to define the a difference score ($DIFF_{Scale}$) for each of the scales, $DIFF_{Scale} = (TU_{Scale} - CFU_{Scale})$. Separate analyses were run on the WAI, SEQ, and CRF-S for the therapist understanding and the client feeling understood variables.

Table 1 summarizes the therapist and client direct perspective scores on the scales of each instrument. That is, the table reports on the therapist and client perceptions of (a) the Working Alliance (goals, tasks, bond), (b) session quality (depth, smoothness), and (c) therapist interpersonal influence characteristics (attractiveness, expertness, trustworthiness). The results suggest generally "positive" ratings of the counseling session, working alliance and influence attributes by both the therapist and client. Although we did not statistically examine the differences between therapist and client ratings of their alliance, their session, or the therapist's influence characteristics, the differences appear negligible and inconsequential.

Insert Table 1 about here

Table 2 summarizes (a) the therapists' understanding (TU) of their clients' perspectives on the WAI, SEQ and CRF-S variables, (b) the clients' feelings of being understood (CFU) by the therapists with respect their perceptions of these variables, and (c) the difference (DIFF) between therapists' understanding and their clients' feeling of being understood with regard to the WAI, SEQ and CRF-S variables. When reviewing the table, it is important to keep in mind that the therapist

understanding (TU) and client feeling understood (CFU) scores are difference scores. Therefore, higher TU scores are indicative of greater disparity between what the client thinks and what the therapist believes the client to be thinking about their working alliance, the session quality, and the influence characteristics of the therapist; that is, the greater the TU scores, the less understanding on the part of the therapist. Similarly, higher CFU scores are indicative of greater disparity between what the client thinks the therapist thinks that s/he (the client) thinks about their relationship and what the client actually thinks about it; that is, the greater the CFU score, the less the client feels understood by the therapist. For both TU and CFU, scores could range from 0 to 6. As noted earlier (and in the table), DIFF was computed as TU minus CFU. Thus, positive values for DIFF may be interpreted as suggesting that clients have a greater sense of therapists understanding them than exists in actuality, while negative values of DIFF suggest that therapists understand more about their clients' views of their relationship than the clients realize.

Insert Table 2 about here

To address the evolution of therapist understanding (TU) and client feelings of being understood (CFU) across therapy, individual multiple correlation analyses were run on the WAI, SEQ and CRF-S. In each analysis the number of counseling sessions completed by the dyad (TSESS) was the dependent variable and the scales of the individual instruments served as the predictors, with separate analyses run on the TU and CFU variables. In none of theses analyses were the results significant. Instead, the results suggested that therapists' understanding and clients' feelings of being understood were unrelated to the number of sessions therapists and clients had together (see Table 3).

Insert Table 3 about here

We then considered that if therapist understanding and client feelings of being understood were to increase with the number of sessions, they could not increase indefinitely (eventually they would have to plateau). So we again ran our analyses but this time using a log transformation of TSESS (see Table 4). These results further confirmed that therapists' understanding and clients' feelings of being understood were unrelated to the number of sessions therapists and clients had together.

Insert Table 4 about here

In order to examine the development of the realism of the participants' perspectives regarding their working alliance, session quality and therapist influence characteristics, multiple correlation analyses were run on each of the sets of DIFF variables for the WAI (goals, tasks, bond), SEQ (depth, smoothness) and CRF-S (attractiveness, expertness, trustworthiness). As in our previous analyses, the number of counseling sessions completed by the dyad (TSESS and logTSESS) served as the dependent variable. Given the absence of a relationship between the length of therapy (i.e., session number) and the TU and CFU variables (that is, there did not appear to be a linear relationship between TU or CFU and session number for the scales of the WAI, SEQ and CRF-S), we did not expect to find a relationship between the difference between these scores and session number. The separate multiple correlation analyses confirmed this prediction for each of the instruments (WAI, SEQ, CRF-S) for both TSESS and logTSESS.

Multivariate analyses of the DIFF indices across the scales of each of instrument suggested an overall difference between therapists' understanding of their clients' views and the clients' feelings of being understood by their therapist for each of the three instruments: $F_{CRF}(3, 32) = 6.41$, $p < .002$; $F_{SEQ}(2, 32) = 12.34$, $p < .001$; $F_{WAI}(3, 31) = 3.71$, $p < .022$. In each instance, the difference was positive suggesting that clients tended to overestimate their therapist's understanding of their (the

clients') views on these dimensions. That is, they felt more understood by their therapists than was warranted. Individual t-tests on each of the scales of the three instruments (see Table 2) revealed this difference to be statistically significant for all but the Goals scale of the WAI and the Trustworthiness scale of the CRF-S. The absence of a reliable difference between TU and CFU for these two scales suggests that the clients' feeling of being understood by their therapists was commensurate with the level of understanding of the therapists on these two variables.

Discussion

The results of our analyses suggest that time in therapy apparently does not increase clients' sense of feeling understood by their therapists or therapists' actual understanding of their clients—at least in terms of certain perceptions the two participants have of their sessions together. The lack of significant findings was surprising, as it seems logical to us that therapists' understanding of the views of their clients as well as the client's feelings of being understood by their therapists would increase as the two spent *more* time together in sessions. It is reassuring, however, that the neither the therapists' understanding of their clients nor the clients' sense of being understood by their therapist decreased with time.

The finding that clients tended to report a greater sense of being understood by their therapists than was warranted based on the therapists' actual understanding of their clients may reflect a good-hearted assumption or favorable attribution on the part of clients with respect to therapist understanding. This finding raises a curious issue with respect to the notion of accurate empathy. As noted earlier in this paper, therapists may accurately (*and* empathically) understand their clients, the successful communication of such empathic understanding is critical--that is, the client must feel understood by the therapist. In most counseling training program, teaching skills for the communication of accurate empathy is fundamental. In our study it would appear that clients may experience a reasonable *degree* of "accurate empathy" (that is, feel that they are understood by their therapist) without the therapist in fact accurately (much less empathically) understanding the client. The generally positive client ratings of (or direct perspectives on) the therapist-client bond and therapist influence characteristics (attractiveness, expertness, trustworthiness) may be an explanation for the apparent confidence on the part of clients that their therapists understand them.

In considering the above, one must remember that the content of the views expressed by both the client and therapist were limited to their perspectives on the working alliance, session quality, and therapist influence characteristics. Although we believe that with respect to the this content both the therapist's accurate understanding of a client's views and the client's feeling of being understood by the therapist with respect to those views are important to both the process and outcome of therapy, perspectives on other personal and therapy-relevant content also is important.

References

Barak, A., & LaCross, M. (1975). Multidimensional perception of counselor behavior. Journal of Counseling Psychology, 24, 288-292.

Beutler, L., Machado, P., & Neufeldt, S. (1994). Therapist variables. In A. Bergin & S. Garfield (Eds.), Handbook of psychotherapy and behavior change (4th ed.) (pp. 229-269). New York: Wiley.

Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. Psychotherapy: Theory, Research and Practice, 16, 252-260.

Corrigan, J. D., & Schmidt, L. D. (1983). Development and validation of revisions of the Counselor Rating Form. Journal of Counseling Psychology, 30, 64-75.

Frank, J. D (1982). Therapeutic components shared by all psychotherapies. In J. Harvey & M. Parks (Eds.), Psychotherapy research and behavior change (pp. 9-37). Washington, DC: American Psychological Association.

Frank, J. D., & Frank, J. B. (1991). Persuasion and healing: A comparative study of psychotherapy (3rd ed.). Baltimore: Johns-Hopkins.

Gelso, C. J., & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. The Counseling Psychologist, 13, 155-244.

Gelso, C. J., & Hayes, J. A. (1998). The psychotherapy relationship. New York: Wiley.

Hendrikse, S. (1992). Interpersonal perceptions in communication among mothers and adolescents and their relationship to relationship quality. Unpublished master's thesis. Department of Counseling Psychology, University of Kansas, Lawrence, KS.

Heppner, P. P., & Claiborn, C. D. (1989). Social influence research in counseling: A review and critique. Journal of Counseling Psychology, 36, 365-387.

Holsinger, S. (1991). The effects of supervisor/employee percep. on on job satisfaction and job related stress. Unpublished master's thesis. Department of Counseling Psychology, University of Kansas, Lawrence, KS.

Horvath, A., & Greenberg, L. (1986). The development of the Working Alliance Inventory. In L. Greenberg & W. Pinsof (Eds.), The psychotherapeutic process: A research handbook (pp. 529-556). New York: Guilford.

Horvath, A., & Greenberg, L. (1989). Development and validation of the Working Alliance Inventory. Journal of Counseling Psychology, 36, 223-232.

Horvath, A., & Greenberg, L. (1994). The working alliance: Theory, research and practice. New York: Wiley.

Kobes, K. (1993). Personality similarity, interpersonal personal perception, and relationship satisfaction. Unpublished doctoral dissertation. Department of Counseling Psychology, University of Kansas, Lawrence, KS.

Kokotovic, A., & Tracey, T. (1990). Working alliance in the early phase of counseling. Journal of Counseling Psychology, 37, 16-21.

Laing, P. D., Phillipson, H., & Lee, A. R. (1966). Interpersonal Perception: A theory and a method of research. New York: Springer.

Mitchell, K, Bozarth, J., & Krauft, C. (1977) A reappraisal of the therapeutic effectiveness of accurate empathy, nonpossessive warmth, and genuineness. In A Gurman & A. Razin (Eds.), Effective psychotherapy: A handbook of research. New York: Pergamon.

Nocita, A., & Stiles, W. (1986). Client introversion and counseling session impact. Journal of Counseling Psychology, 33, 235-241.

Nye, J., (1980). Interpersonal perceptions as correlates of counselor job stress, job satisfaction, and tenure. Unpublished masters project. Department of Counseling Psychology, University of Kansas, Lawrence, KS.

Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 21, 30-49.

Sexton, T., & Whiston, S. (1994). The counseling relationship: An empirical review. The Counseling Psychologist, 22, 6-78.

Shapiro, D. A., & Shapiro, D. (1982). Meta-analysis of comparative therapy outcome studies: A replication and refinement. Psychological Bulletin, 92, 581-604.

Smith, M., Glass, G., & Miller, T. (1980). The benefits of psychotherapy. Baltimore: Johns-Hopkins University Press.

Stiles, W. B., Shapiro, D. A., & Elliott, R. (1986). "Are all psychotherapies equivalent?" American Psychologist, 41, 165-180.

Stiles, W., & Snow, J. (1984a). Counseling session impact as viewed by novice counselors and their clients. Journal of Counseling Psychology, 31, 3-12.

Stiles, W., & Snow, J. (1984b). Dimensions of psychotherapy session impact across sessions and across clients. British Journal of Clinical Psychology, 23, 59-63.

Strong, S. (1968). Counseling: An interpersonal influence process. Journal of Counseling Psychology, 15, 215-224.

Strong, S., & Matross, R. (1973). Change processes in counseling and psychotherapy. Journal of Counseling Psychology, 20, 25-37.

Tichenor, V., & Hill, C. (1989). A comparison of six measures of working alliance. Psychotherapy, 26, 195-199.

Table 1

Means and Standard Deviations for the Therapist and Client Direct Perspective Ratings of Each of the WAI, SEQ and CRF scales[1]

	Therapist		Client	
Instrument/Scale	**M**	**SD**	**M**	**SD**
Working Alliance Inventory (WAI)				
Goals	23.33	4.82	23.11	4.72
Tasks	24.37	3.66	23.93	4.43
Bond	24.69	3.13	24.97	3.51
Session Evaluation Questionnaire (SEQ)				
Depth	25.09	5.20	26.51	4.53
Smoothness	27.00	5.31	25.49	6.36
Counselor Rating Form-Short (CRF-S)				
Attractiveness	24.40	2.84	25.26	3.14
Expertness	22.60	4.27	24.37	3.61
Trustworthiness	26.80	1.75	26.74	1.95

[1] Scores on the individual scales of the WAI and the CRF could range from 4 to 28; scores on the individual scales of SEQ could range from 5 to 35. Higher scores are indicative of more favorable ratings of the working alliance (task, bond, goal), counselor influence characteristics (attractiveness, expertness, trustworthiness), and session qualities (depth, smoothness).

Table 2

Means and Standard Deviations for Therapist Understanding (TU), Client Feeling Understood (CFU), and the Difference (DIFF) Between TU and CFU on Each of the WAI, SEQ, and CRF-S Scales.

		T Understanding **TU**		C Feeling Understood **CFU**		Difference **DIFF**	
	N[1]	M	SD	M	SD	M	SD
Instrument/Scales							
WAI							
Goals	34	3.62	2.90	2.91	3.39	.71	3.94
Tasks	34	3.19	3.28	2.15	3.08	1.04	2.30
Bond	34	2.56	2.63	1.41	1.73	1.15	2.61
SEQ							
Depth	34	4.76	3.18	1.82	1.49	2.00	4.20
Smoothness	34	5.03	3.87	3.03	2.84	2.94	3.81
CRF-S							
Attractiveness	35	2.86	2.55	1.20	1.78	1.66	2.78
Expertness	35	3.34	2.93	1.76	2.03	1.59	3.35
Trustworthiness	35	1.54	1.93	.97	1.67	.57	2.80

[1] N's differ among the three instruments due to missing data on two of the Ss.

Table 3

Multiple Correlation Analyses of (a) Therapist Understanding (TU) on Session Number, and (b) Client Feeling Understood (CFU) on Session Number

(a) Therapist Understanding (TU)

Working Alliance Inventory

Predictor Variables: $TU_{WAI\text{-}B}$, $TU_{WAI\text{-}T}$, $TU_{WAI\text{-}G}$
Dependent Variable: Session Number
Multiple R = .294

ANOVA

	df	SS	MS	F	Significance
Regression	3	954.35	318.11	.95	.431
Residual	30	10090.06	336.34		
Total	33	11044.38			

Session Evaluation Questionnaire

Predictor Variables: $TU_{SEQ\text{-}D}$, $TU_{SEQ\text{-}S}$
Dependent Variable: Session Number
Multiple R = .312

ANOVA

	df	SS	MS	F	Significance
Regression	2	1049.08	524.54	1.67	.205
Residual	31	9737.42	314.11		
Total	33	10786.50			

Counselor Rating Form

Predictor Variables: $TU_{CRF\text{-}A}$, $TU_{CRF\text{-}E}$, $TU_{CRF\text{-}T}$
Dependent Variable: Session Number
Multiple R = .386

ANOVA

	df	SS	MS	F	Significance
Regression	3	2223.85	741.28	1.81	.167
Residual	31	12730.33	410.66		
Total	34	14954.17			

(b) Client Feeling Understood (CFU)

Working Alliance Inventory

Predictor Variables: $CFU_{WAI\text{-}B}$, $CFU_{WAI\text{-}T}$, $CFU_{WAI\text{-}G}$
Dependent Variable: Session Number
Multiple R = .306

ANOVA

	df	SS	MS	F	Significance
Regression	3	1397.86	465.95	1.07	.378
Residual	31	13556.31	437.30		
Total	34	14954.17			

Session Evaluation Questionnaire

Predictor Variables: $CFU_{SEQ\text{-}D}$, $CFU_{SEQ\text{-}S}$
Dependent Variable: Session Number
Multiple R = .308

ANOVA

	df	SS	MS	F	Significance
Regression	2	1024.05	512.02	1.63	.213
Residual	31	9762.45	314.92		
Total	33	10786.50			

Counselor Rating Form

Predictor Variables: $CFU_{CRF\text{-}A}$, $CFU_{CRF\text{-}E}$, $CFU_{CRF\text{-}T}$
Dependent Variable: Session Number
Multiple R = .194

ANOVA

	df	SS	MS	F	Significance
Regression	3	562.38	187.46	.40	.751
Residual	31	14391.79	464.25		
Total	34	14954.17			

Table 4

Multiple Correlation Analyses of (a) Therapist Understanding (TU) on Log Session Number, and (b) Client Feeling Understood (CFU) on Log Session Number

(a) Therapist Understanding (TU)

Working Alliance Inventory

Predictor Variables: TU_{WAI-B}, TU_{WAI-T}, TU_{WAI-G}
Dependent Variable: Log Session Number
Multiple R = .245

ANOVA

	df	SS	MS	F	Significance
Regression	3	2.26	.75	.64	.597
Residual	30	35.47	1.18		
Total	33	37.73			

Session Evaluation Questionnaire

Predictor Variables: TU_{SEQ-D}, TU_{SEQ-S}
Dependent Variable: Log Session Number
Multiple R = .316

ANOVA

	df	SS	MS	F	Significance
Regression	2	3.75	1.87	1.72	.196
Residual	31	33.85	1.09		
Total	33	37.69			

Counselor Rating Form

Predictor Variables: TU_{CRF-A}, TU_{CRF-E}, TU_{CRF-T}
Dependent Variable: Log Session Number
Multiple R = .205

ANOVA

	df	SS	MS	F	Significance
Regression	3	1.85	.615	.452	.718
Residual	31	42.19	1.36		
Total	34	44.03			

(b) Client Feeling Understood (CFU)

Working Alliance Inventory

Predictor Variables: CFU_{WAI-B}, CFU_{WAI-T}, CFU_{WAI-G}
Dependent Variable: Log Session Number
Multiple R = .319

ANOVA

	df	SS	MS	F	Significance
Regression	3	4.48	1.49	1.17	.337
Residual	31	39.56	1.28		
Total	34	44.03			

Session Evaluation Questionnaire

Predictor Variables: CFU_{SEQ-D}, CFU_{SEQ-S}
Dependent Variable: Log Session Number
Multiple R = .370

ANOVA

	df	SS	MS	F	Significance
Regression	2	5.15	2.57	2.46	.102
Residual	31	32.45	1.05		
Total	33	37.60			

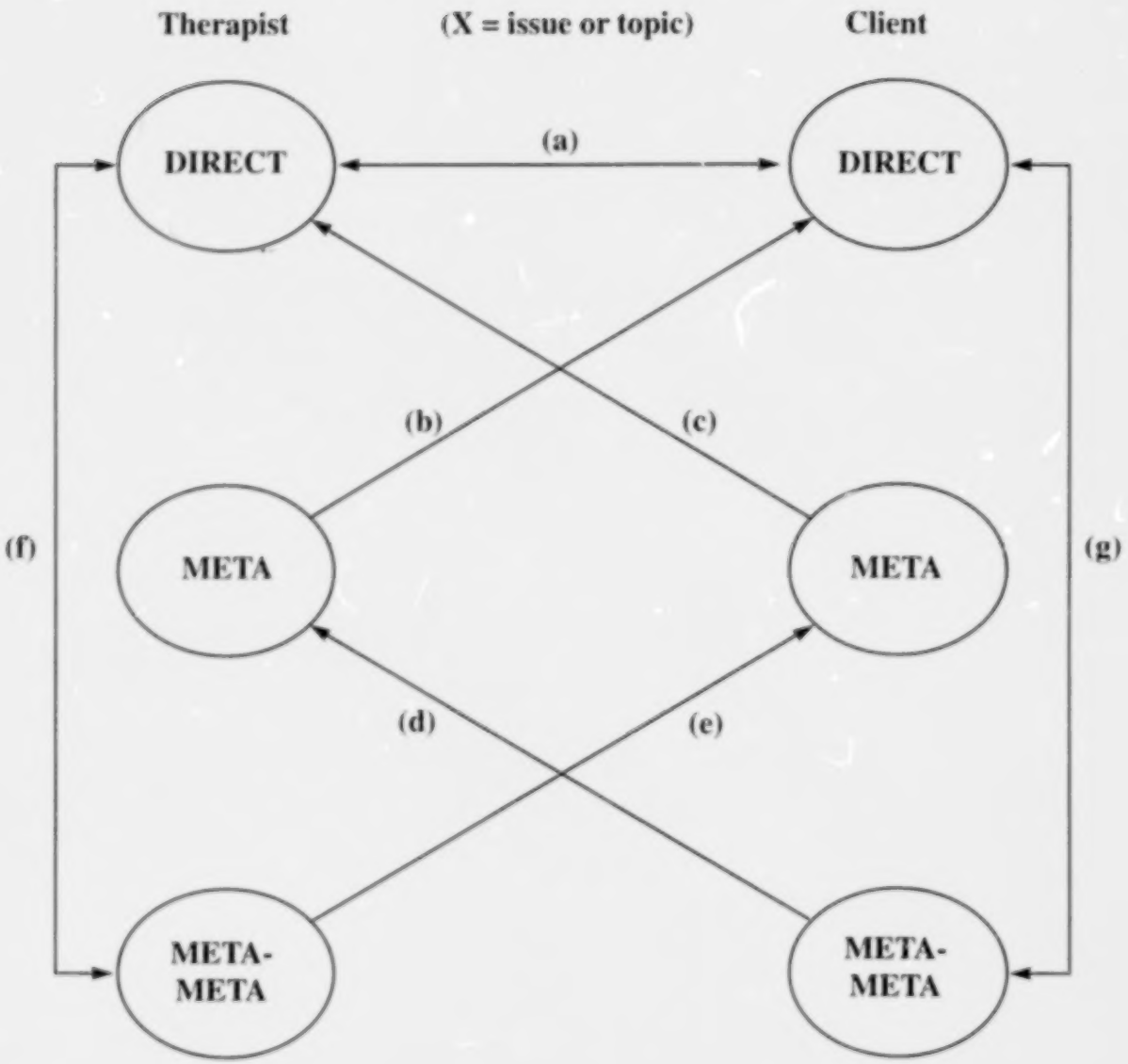
Counselor Rating Form

Predictor Variables: CFU_{CRF-A}, CFU_{CRF-E}, CFU_{CRF-T}
Dependent Variable: Log Session Number
Multiple R = .220

ANOVA

	df	SS	MS	F	Significance
Regression	3	2.14	.71	.53	.667
Residual	31	41.90	1.35		
Total	34	44.03			

Figure 1



a = agreement
b = therapist understanding/misunderstanding about X
c = client understanding/misunderstanding about X
d = client realization/failure to realize understanding about X
e = therapist realization failure to realize understanding about X
f = therapist feeling understood/misunderstood about X
g = client feeling understood/misunderstood about X